

EXHIBIT H

Form **706**
(Rev. August 2008)United States Estate (and Generation-Skipping
Transfer) Tax Return

OMB No. 1545-0015

Department of the Treasury
Internal Revenue ServiceEstate of a citizen or resident of the United States (see separate instructions).
To be filed for decedents dying after December 31, 2007, and before January 1, 2009.

Part 1—Decedent and Executor

1a Decedent's first name and middle initial (and maiden name, if any)

Armand L.

1b Decedent's last name

Greenhall

2 Decedent's Social Security No.

Redacted 5904

3a County, state, and ZIP code, or foreign country, of legal residence (domicile) at time of death

Redacted

3b Year domicile established

1933

4 Date of birth

Redacted

5 Date of death

Redacted

6b Executor's address (number and street including apartment or suite no.; city, town, or post office; state; and ZIP code) and phone no.

McCanliss & Early LLP

88 Pine Street, 21st Floor

New York, NY 10005

Phone no. (212) 943-0280

6a Name of executor (see page 4 of the instructions)

Deidre A. Sweeney & Peng Yan

6c Executor's social security number (see page 5 of the instructions)

Redacted 3522 & Redacted 4026

7a Name and location of court where will was probated or estate administered

New York County Surrogate's Court New York, NY

7b Case number

2008-1750

8 If decedent died testate, check here ☒ and attach a certified copy of the will.9 If you extended the time to file this Form 706, check here ☒10 If Schedule R-1 is attached, check here ☐

Part 2—Tax Computation

1 Total gross estate less exclusion (from Part 5—Recapitulation, page 3, item 12)

1 9,212,846 17

2 Tentative total allowable deductions (from Part 5—Recapitulation, page 3, item 22)

2 756,905 50

3a Tentative taxable estate (before state death tax deduction) (subtract line 2 from line 1)

3a 8,455,940 67

b State death tax deduction

3b 838,055 46

c Taxable estate (subtract line 3b from line 3a)

3c 7,617,885 21

4 Adjusted taxable gifts (total taxable gifts (within the meaning of section 2503) made by the decedent after December 31, 1976, other than gifts that are includible in decedent's gross estate (section 2001(b)))

4

5 Add lines 3c and 4

5 7,617,885 21

6 Tentative tax on the amount on line 5 from Table A on page 4 of the instructions

6 3,308,848 34

7 Total gift tax paid or payable with respect to gifts made by the decedent after December 31, 1976. Include gift taxes by the decedent's spouse for such spouse's share of split gifts (section 2513) only if the decedent was the donor of these gifts and they are includible in the decedent's gross estate (see instructions)

7

8 Gross estate tax (subtract line 7 from line 6)

8 3,308,848 34

9 Maximum unified credit (applicable credit amount) against estate tax

9 780,800 00

10 Adjustment to unified credit (applicable credit amount). (This adjustment may not exceed \$6,000. See page 6 of the instructions.)

10

780,800 00

11 Allowable unified credit (applicable credit amount) (subtract line 10 from line 9)

11

12 Subtract line 11 from line 8 (but do not enter less than zero)

12 2,528,048 34

13 Credit for foreign death taxes (from Schedule(s) P). (Attach Form(s) 706-CE.)

13

14 Credit for tax on prior transfers (from Schedule Q)

14

15 Total credits (add lines 13 and 14)

15

16 Net estate tax (subtract line 15 from line 12)

16 2,528,048 34

17 Generation-skipping transfer (GST) taxes payable (from Schedule R, Part 2, line 10)

17

18 Total transfer taxes (add lines 16 and 17)

18 2,528,048 34

19 Prior payments. Explain in an attached statement

19 2,650,000 00

20 Balance due (or overpayment) (subtract line 19 from line 18)

20 - 121,951 66

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer other than the executor is based on all information of which preparer has any knowledge.

Sign
Here

Signature of executor

Date

7-9-9

Signature of executor

Date

7-9-9

Paid
Preparer's
Use OnlyPreparer's
signature

Date

Check if
self-employed ☒

Preparer's SSN or PTIN

Firm's name (or
yours if self-employed),
address, and ZIP codeMcCanliss & Early LLP, 88 Pine St.
New York, NY 10005

EIN

Redacted 7190

Phone no. (212) 943-0280

For Privacy Act and Paperwork Reduction Act Notice, see page 30 of the separate instructions for this form.
RBA

Form 706 (Rev. 8-2008)

10-05048_DS_0000449

Estate of: Armand Greenhall

Decedent's Social Security Number
 Redacted 5 9 0 4

Part 3—Elections by the Executor

Please check the "Yes" or "No" box for each question (see instructions beginning on page 6).

Note. Some of these elections may require the posting of bonds or liens.

		Yes	No
1 Do you elect alternate valuation?	1	X	
2 Do you elect special-use valuation? If "Yes," you must complete and attach Schedule A-1.	2		X
3 Do you elect to pay the taxes in installments as described in section 6166? If "Yes," you must attach the additional information described on page 10 and 11 of the instructions. Note. By electing section 6166, you may be required to provide security for estate tax deferred under section 6166 and interest in the form of a surety bond or a section 6324A lien.	3		X
4 Do you elect to postpone the part of the taxes attributable to a reversionary or remainder interest as described in section 6163?	4		X

Part 4—General Information

(Note. Please attach the necessary supplemental documents. You must attach the death certificate.)
 (see instructions on page 12)

Authorization to receive confidential tax information under Regs. sec. 601.504(b)(2)(i); to act as the estate's representative before the IRS; and to make written or oral presentations on behalf of the estate if return prepared by an attorney, accountant, or enrolled agent for the executor:

Name of representative (print or type) State Address (number, street, and room or suite no., city, state, and ZIP code)

I declare that I am the ☐ attorney/ ☐ certified public accountant/ ☐ enrolled agent (you must check the applicable box) for the executor and prepared this return for the executor. I am not under suspension or disbarment from practice before the Internal Revenue Service and am qualified to practice in the state shown above.

Signature CAF number Date Telephone number

1 Death certificate number and issuing authority (attach a copy of the death certificate to this return).
 Redacted, New York City Department of Health

2 Decedent's business or occupation. If retired, check here ☒ and state decedent's former business or occupation.
 Sales-Fabric Company

3 Marital status of the decedent at time of death:
☐ Married
☐ Widow or widower—Name, SSN, and date of death of deceased spouse
☒ Single
☐ Legally separated
☐ Divorced—Date divorce decree became final

4a Surviving spouse's name 4b Social security number 4c Amount received (see page 12 of the instructions)

5 Individuals (other than the surviving spouse), trusts, or other estates who receive benefits from the estate (do not include charitable beneficiaries shown in Schedule O) (see instructions).

Name of individual, trust, or estate receiving \$5,000 or more	Identifying number	Relationship to decedent	Amount (see instructions)
Peng Yan	4026	Co-Executor	7,805,940.67
Lewis B. Straus	6121	Cousin	25,000.00
Robert E. May	Redacted 5796	Stepbrother	100,000.00
Raymond Foulon	6907	None	25,000.00
Paul Straus		First Cousin/Once Removed	75,000.00
Alex Straus	1856	FirstCousin/Once Removed	75,000.00
All unascertainable beneficiaries and those who receive less than \$5,000			
Total			8,455,940.67

Please check the "Yes" or "No" box for each question.

	Yes	No
6 Does the gross estate contain any section 2044 property (qualified terminable interest property (QTIP) from a prior gift or estate) (see page 12 of the instructions)?		X
7a Have federal gift tax returns ever been filed? If "Yes," please attach copies of the returns, if available, and furnish the following information:		X
7b Period(s) covered 7c Internal Revenue office(s) where filed		
8a Was there any insurance on the decedent's life that is not included on the return as part of the gross estate?		X
b Did the decedent own any insurance on the life of another that is not included in the gross estate?		X

(continued on next page)

Part 4—General Information (continued)

If you answer "Yes" to any of questions 9-16, you must attach additional information as described in the instructions.		Yes	No
9	Did the decedent at the time of death own any property as a joint tenant with right of survivorship in which (a) one or more of the other joint tenants was someone other than the decedent's spouse, and (b) less than the full value of the property is included on the return as part of the gross estate? If "Yes," you must complete and attach Schedule E		X
10a	Did the decedent, at the time of death, own any interest in a partnership (for example, a family limited partnership), an unincorporated business, or a limited liability company; or own any stock in an inactive or closely held corporation?		X
b	If "Yes," was the value of any interest owned (from above) discounted on this estate tax return? If "Yes," see the instructions for Schedule F on page 20 for reporting the total accumulated or effective discounts taken on Schedule F or G		X
11	Did the decedent make any transfer described in section 2035, 2036, 2037, or 2038 (see the instructions for Schedule G beginning on page 15 of the separate instructions)? If "Yes," you must complete and attach Schedule G		X
12a	Were there in existence at the time of the decedent's death any trusts created by the decedent during his or her lifetime?		X
b	Were there in existence at the time of the decedent's death any trusts not created by the decedent under which the decedent possessed any power, beneficial interest, or trusteeship?		X
c	Was the decedent receiving income from a trust created after October 22, 1986 by a parent or grandparent? If "Yes," was there a GST taxable termination (under section 2612) upon the death of the decedent?		X
d	If there was a GST taxable termination (under section 2612), attach a statement to explain. Provide a copy of the trust or will creating the trust, and give the name, address, and phone number of the current trustee(s).		
e	Did the decedent at any time during his or her lifetime transfer or sell an interest in a partnership, limited liability company, or closely held corporation to a trust described in question 12a or 12b? If "Yes," provide the EIN number to this transferred/sold item. ▶		X
13	Did the decedent ever possess, exercise, or release any general power of appointment? If "Yes," you must complete and attach Schedule H		X
14	Did the decedent have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account?		X
15	Was the decedent, immediately before death, receiving an annuity described in the "General" paragraph of the instructions for Schedule I or a private annuity? If "Yes," you must complete and attach Schedule I		X
16	Was the decedent ever the beneficiary of a trust for which a deduction was claimed by the estate of a pre-deceased spouse under section 2056(b)(7) and which is not reported on this return? If "Yes," attach an explanation.		X

Part 5—Recapitulation

Item number	Gross estate	Alternate value	Value at date of death
1	Schedule A—Real Estate	1	
2	Schedule B—Stocks and Bonds	2	9,099,156.17 9,322,386.83
3	Schedule C—Mortgages, Notes, and Cash	3	73,790.00 73,790.00
4	Schedule D—Insurance on the Decedent's Life (attach Form(s) 712)	4	22,500.00 22,500.00
5	Schedule E—Jointly Owned Property (attach Form(s) 712 for life insurance)	5	
6	Schedule F—Other Miscellaneous Property (attach Form(s) 712 for life insurance)	6	17,400.00 17,400.00
7	Schedule G—Transfers During Decedent's Life (att. Form(s) 712 for life insurance)	7	
8	Schedule H—Powers of Appointment	8	
9	Schedule I—Annuities	9	
10	Total gross estate (add items 1 through 9).	10	9,212,846.17 9,436,076.83
11	Schedule U—Qualified Conservation Easement Exclusion	11	
12	Total gross estate less exclusion (subtract item 11 from item 10). Enter here and on line 1 of Part 2—Tax Computation	12	9,212,846.17 9,436,076.83
Item number	Deductions	Amount	
13	Schedule J—Funeral Expenses and Expenses Incurred in Administering Property Subject to Claims	13	291,593.59
14	Schedule K—Debts of the Decedent	14	95,311.91
15	Schedule K—Mortgages and Liens	15	
16	Total of items 13 through 15	16	386,905.50
17	Allowable amount of deductions from item 16 (see the instructions for item 17 of the Recapitulation)	17	386,905.50
18	Schedule L—Net Losses During Administration	18	
19	Schedule L—Expenses Incurred in Administering Property Not Subject to Claims	19	
20	Schedule M—Bequests, etc., to Surviving Spouse	20	
21	Schedule O—Charitable, Public, and Similar Gifts and Bequests	21	370,000.00
22	Tentative total allowable deductions (add items 17 through 21). Enter here and on line 2 of the Tax Computation	22	756,905.50

Estate of: Armand Greenhall

Decedent's Social Security Number
 Redacted 5 9 0 4

SCHEDULE A — Real Estate

- For jointly owned property that must be disclosed on Schedule E, see the instructions on the reverse side of Schedule E.
- Real estate that is part of a sole proprietorship should be shown on Schedule F.
- Real estate that is included in the gross estate under section 2035, 2036, 2037, or 2038 should be shown on Schedule G.
- Real estate that is included in the gross estate under section 2041 should be shown on Schedule H.
- If you elect section 2032A valuation, you must complete Schedule A and Schedule A-1.

Item number	Description	Alternate valuation date	Alternate value	Value at date of death
	NONE			
Total from continuation schedules or additional sheets attached to this schedule . . .				
TOTAL. (Also enter on Part 5—Recapitulation, page 3, at item 1.) . . .				

(If more space is needed, attach the continuation schedule from the end of this package or additional sheets of the same size.)
 (See the instructions on the reverse side.)

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Estate of: Armand Greenhall	Decedent's Social Security Number Redacted 5 9 0 4
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SCHEDULE B—Stocks and Bonds

(For jointly owned property that must be disclosed on Schedule E, see the instructions for Schedule E.)

Item number	Description, including face amount of bonds or number of shares and par value for identification. Give CUSIP number. If trust, partnership, or closely held entity, give EIN.	Unit value	Alternate valuation date	Alternate value	Value at date of death
1	Redacted share of Redacted Owners Corp. See Appraisal Attached as Exhibit A	CUSIP number or EIN, where applicable	1/14/2009	1,810,000.00	2,010,000.00
2	Wachovia Securities Account # Redacted-0942 Valuation attached as Exhibit B			514,274.93	513,123.98
3	Wachovia Securities Account # Redacted-0967 Valuation Attached as Exhibit C			240,988.70	232,901.89
4	Securities in Safe Deposit Box Valuation attached as Exhibit D			1,443,702.72	1,461,484.96
5	Bernard L. Madoff Investment Securities Account # 1-GO234-3 Valuation based on amount received in June 2008			3,805,069.00	3,805,069.00
6	Bernard L. Madoff Investment Securities- IRA Account#1-GO109-31 Valuation based on amount Received in June 2008			1,150,373.00	1,150,373.00
7	Ameritrade Account # Valuation attached as Exhibit E			134,747.82	149,434.00
Total from continuation schedules (or additional sheets) attached to this schedule				0.00	0.00
TOTAL. (Also enter on Part 5—Recapitulation, page 3, at item 2.)				9,099,156.17	9,322,386.83

(If more space is needed, attach the continuation schedule from the end of this package or additional sheets of the same size.)

(The instructions to Schedule B are in the separate instructions.)

Schedule B — Page 12

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Estate of: Armand Greenhall

Decedent's Social Security Number

Redacted 5 9 0 4

SCHEDULE C—Mortgages, Notes, and Cash

(For jointly owned property that must be disclosed on Schedule E, see the instructions for Schedule E.)

Item number	Description	Alternate valuation date	Alternate value	Value at date of death
1.	Chase Checking Account		73,790.00	73,790.00
Total from continuation schedules (or additional sheets) attached to this schedule . . .			0.00	0.00
TOTAL. (Also enter on Part 5—Recapitulation, page 3, at item 3.)			73,790.00	73,790.00

(If more space is needed, attach the continuation schedule from the end of this package or additional sheets of the same size.)
(See the instructions on the reverse side.)

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Estate of: Armand Greenhall	Decedent's Social Security Number Redacted 5 9 0 4
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SCHEDULE D—Insurance on the Decedent's Life

You must list all policies on the life of the decedent and attach a Form 712 for each policy.

Item number	Description	Alternate valuation date	Alternate value	Value at date of death
1	Allstate Insurance Life Insurance Policy # G-1387. Proceeds payable to the Estate		2,500.00	2,500.00
2	Reserve Officers Association Insurance Trust Policy # GL - 31816-7 Proceeds payable to Estate		20,000.00	20,000.00
Total from continuation schedules (or additional sheets) attached to this schedule			0.00	0.00
TOTAL. (Also enter on Part 5—Recapitulation, page 3, at item 4.)			22,500.00	22,500.00

(If more space is needed, attach the continuation schedule from the end of this package or additional sheets of the same size.)

(See the instructions on the reverse side.)

Estate of: Armand Greenhall

Decedent's Social Security Number

Redacted 5 9 0 4

SCHEDULE E—Jointly Owned Property

(If you elect section 2032A valuation, you must complete Schedule E and Schedule A-1.)

PART 1. Qualified Joint Interests—Interests Held by the Decedent and His or Her Spouse as the Only Joint Tenants (Section 2040(b)(2))

Item number	Description. For securities, give CUSIP number. If trust, partnership, or closely held entity, give EIN	CUSIP number or EIN, where applicable	Alternate valuation date	Alternate value	Value at date of death
Total from continuation schedules (or additional sheets) attached to this schedule					
1a Totals			1a		
1b Amounts included in gross estate (one-half of line 1a)			1b		

PART 2. All Other Joint Interests

2a State the name and address of each surviving co-tenant. If there are more than three surviving co-tenants, list the additional co-tenants on an attached sheet.

Name	Address (number and street, city, state, and ZIP code)
A.	
B.	
C.	

Item number	Enter letter for co-tenant	Description (including alternate valuation data if any). For securities, give CUSIP number. If trust, partnership, or closely held entity, give EIN	CUSIP number or EIN, where applicable	Percentage includible	Includible alternate value	Includible value at date of death
Total from continuation schedules (or additional sheets) attached to this schedule						
2b Total other joint interests				2b		
3 Total includible joint interests (add lines 1b and 2b). Also enter on Part 5—Recapitulation, page 3, at item 5				3		

(If more space is needed, attach the continuation schedule from the end of this package or additional sheets of the same size.)
(See the instructions on the reverse side.)

Schedule E—Page 17

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Estate of: Armand Greenhall	Decedent's Social Security Number Redacted 5 9 0 4
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SCHEDULE G—Transfers During Decedent's Life

(If you elect section 2032A valuation, you must complete Schedule G and Schedule A-1.)

Item number	Description. For securities, give CUSIP number. If trust, partnership, or closely held entity, give EIN	Alternate valuation date	Alternate value	Value at date of death
A.	Gift tax paid or payable by the decedent or the estate for all gifts made by the decedent or his or her spouse within 3 years before the decedent's death (section 2035(b))	X X X X X		
B.	Transfers includible under section 2035(a), 2036, 2037, or 2038:			
Total from continuation schedules (or additional sheets) attached to this schedule . . .				
TOTAL. (Also enter on Part 5—Recapitulation, page 3, at item 7.)				

SCHEDULE H—Powers of Appointment

(Include "5 and 5 lapsing" powers (section 2041(b)(2)) held by the decedent.)

(If you elect section 2032A valuation, you must complete Schedule H and Schedule A-1.)

Item number	Description	Alternate valuation date	Alternate value	Value at date of death
Total from continuation schedules (or additional sheets) attached to this schedule . . .				
TOTAL. (Also enter on Part 5—Recapitulation, page 3, at item 8.)				

(If more space is needed, attach the continuation schedule from the end of this package or additional sheets of the same size.)
(The instructions to Schedules G and H are in the separate instructions.)

Form 706 (Rev. 8-2008)

Estate of: Armand Greenhall	Decedent's Social Security Number <div style="border: 1px solid black; padding: 2px; display: inline-block;">Redacted</div> 5 9 0 4
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SCHEDULE I—Annuities

Note. Generally, no exclusion is allowed for the estates of decedents dying after December 31, 1984 (see page 17 of the instructions).

A Are you excluding from the decedent's gross estate the value of a lump-sum distribution described in section 2039(f)(2) (as in effect before its repeal by the Deficit Reduction Act of 1984)? If "Yes," you must attach the information required by the instructions.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="padding: 2px;">Yes</th> <th style="padding: 2px;">No</th> </tr> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> </table>	Yes	No		
Yes	No				

Item number	Description. Show the entire value of the annuity before any exclusions	Alternate valuation date	Includible alternate value	Includible value at date of death
Total from continuation schedules (or additional sheets) attached to this schedule				
TOTAL. (Also enter on Part 5—Recapitulation, page 3, at item 9.)				

(If more space is needed, attach the continuation schedule from the end of this package or additional sheets of the same size.)

Form 706 (Rev. 8-2008)

Estate of: Armand Greenhall		Decedent's Social Security Number	
		Redacted	5 9 0 4

SCHEDULE J— Funeral Expenses and Expenses Incurred in Administering Property Subject to Claims

Note. Do not list on this schedule expenses of administering property not subject to claims. For those expenses, see the instructions for Schedule L.

If executors' commissions, attorney fees, etc., are claimed and allowed as a deduction for estate tax purposes, they are not allowable as a deduction in computing the taxable income of the estate for federal income tax purposes. They are allowable as an income tax deduction on Form 1041 if a waiver is filed to waive the deduction on Form 706 (see the Form 1041 instructions).

Item number	Description	Expense amount	Total amount
1	A. Funeral expenses: Plaza Community Chapel	17,870.20	
	Total funeral expenses		17,870.20
	B. Administration expenses:		
1	Executors' commissions—amount estimated/agreed upon/paid. (Strike out the words that do not apply.)		223,000.00
2	Attorney fees—amount estimated/agreed upon/paid. (Strike out the words that do not apply.)		30,000.00
3	Accountant fees—amount estimated/agreed upon/paid. (Strike out the words that do not apply.)		5,000.00
		Expense amount	
4	Miscellaneous expenses: Miscellaneous Administration Expenses	15,723.39	
	Total miscellaneous expenses from continuation schedules (or additional sheets) attached to this schedule	0.00	
	Total miscellaneous expenses		15,723.39
	TOTAL. (Also enter on Part 5—Recapitulation, page 3, at item 13.)		291,593.59

(If more space is needed, attach the continuation schedule from the end of this package or additional sheets of the same size.)

(See the instructions on the reverse side.)

Schedule J—Page 23

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Estate of: Armand Greenhall	Decedent's Social Security Number <div style="border: 1px solid black; padding: 2px; display: inline-block;">Redacted</div> 5 9 0 4
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SCHEDULE K—Debts of the Decedent, and Mortgages and Liens

Item number	Debts of the Decedent—Creditor and nature of claim, and allowable death taxes	Amount unpaid to date	Amount in contest	Amount claimed as a deduction
1	Wachovia Advisory Fee			1,019.08
2	Con Edison			90.06
3	Verizon			38.91
4	Time Warner			105.57
5	AARP Health Care			24.00
6	Chase Card Service			10,596.00
7	Landauer Metro Inc. - Medical Supplies			111.02

Total from continuation schedules (or additional sheets) attached to this schedule	83,327.27
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TOTAL. (Also enter on Part 5—Recapitulation, page 3, at item 14.)	95,311.91
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Item number	Mortgages and Liens—Description	Amount

Total from continuation schedules (or additional sheets) attached to this schedule	
--	--

TOTAL. (Also enter on Part 5—Recapitulation, page 3, at item 15.)	
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(If more space is needed, attach the continuation schedule from the end of this package or additional sheets of the same size.)
(The instructions to Schedule K are in the separate instructions.)

Form 706 (Rev. 8-2008)

Decedent's Social Security Number

Estate of: Armand Greenhall

Redacted 5 9 0 4

**SCHEDULE L—Net Losses During Administration and
Expenses Incurred in Administering Property Not Subject to Claims**

Item number	Net losses during administration (Note. Do not deduct losses claimed on a federal income tax return.)	Amount
	As shown on Schedule B, Decedent had two accounts at Bernard Madoff Investment Securities for a total of \$4,955,442. The funds were withdrawn from the company in June of 2008. No claim has been filed against the estate to date but the Executors believe that there is a possibility that one or more more claims could be filed before estate is closed. The amount of these claims is unknown at this time.	

Total from continuation schedules (or additional sheets) attached to this schedule

TOTAL. (Also enter on Part 5—Recapitulation, page 3, at item 18.)

Item number	Expenses incurred in administering property not subject to claims. (Indicate whether estimated, agreed upon, or paid.)	Amount

Total from continuation schedules (or additional sheets) attached to this schedule

TOTAL. (Also enter on Part 5—Recapitulation, page 3, at item 19.)

(If more space is needed, attach the continuation schedule from the end of this package or additional sheets of the same size.)

Schedule L—Page 26

(The instructions to Schedule L are in the separate instructions.)

Form 706 (Rev. 8-2008)

Estate of: Armand Greenhall	Decedent's Social Security Number Redacted 5 9 0 4
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SCHEDULE O—Charitable, Public, and Similar Gifts and Bequests

	Yes	No
1a If the transfer was made by will, has any action been instituted to have interpreted or to contest the will or any of its provisions affecting the charitable deductions claimed in this schedule? If "Yes," full details must be submitted with this schedule.		X
b According to the information and belief of the person or persons filing this return, is any such action planned? If "Yes," full details must be submitted with this schedule.		X
2 Did any property pass to charity as the result of a qualified disclaimer? If "Yes," attach a copy of the written disclaimer required by section 2518(b).		X

Item number	Name and address of beneficiary	Character of institution	Amount
1	Calvary Hospital 7140 Eastchester Road Bronx, NY 10461	Charitable	100,000.00
2	NYU Alumni Fund 25 West Fourth Street New York, NY 10012	Educational	5,000.00
3	Bronx High School of Science Alumni Assn 75 West 205 Street Bronx, NY 10486	Educational	10,000.00
4	St. Lukes-Roosevelt Hospital 324 West 108th Street New York, NY 10025	Charitable	100,000.00
5	National Center for Immunology and Respiratory Medicine 271 Madison Avenue, 19th Floor New York, NY 10016	Charitable	100,000.00
6	Woodmere Art museum 9201 Gemantown Avenue Philadelphia, PA 19118	Educational	10,000.00
7	NUVoices of Mount Sinai Hospital 102 Remsen Circle Yonkers, NY 10710	Charitable	10,000.00
Total from continuation schedules (or additional sheets) attached to this schedule			35,000.00

3 Total	3	370,000.00
4a Federal estate tax payable out of property interests listed above	4a	
b Other death taxes payable out of property interests listed above	4b	
c Federal and state GST taxes payable out of property interests listed above	4c	
d Add items 4a, 4b, and 4c	4d	
5 Net value of property interests listed above (subtract 4d from 3). Also enter on Part 5—Recapitulation, page 3, at item 21	5	370,000.00

(If more space is needed, attach the continuation schedule from the end of this package or additional sheets of the same size.)
(The instructions to Schedule O are in the separate instructions.)